

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

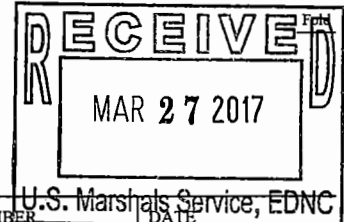
PLAINTIFF Rosita Sabrosso-Rennick	COURT CASE NUMBER 5:17-cv-114-BO
DEFENDANT North Carolina State Treasurer	TYPE OF PROCESS Summons&Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
North Carolina Department of State Treasurer
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
3200 Atlantic Avenue, Raleigh, NC 27604

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Rosita Sabrosso-Rennick 2507 Triangle Lake Road High Point, NC 27260	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold



Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 443-240-3260	DATE 3/24/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk <i>Carol Smith</i>	Date 3-27-17
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 3-30-17 Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy <i>Carol Smith</i>

Service Fee 800	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 800 - \$0.00
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REMARKS: **3-27-17 CM 7016 0910 0000 6529 3940**
4-3-17 See Green card

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

Case 5:17-cv-00114-BO Document 9 Filed 04/27/17

FILED

FOR EDITIONS MAY BE USED

APR 27 2017

PETER A. MOORE, JR., CLERK
U.S. DISTRICT COURT, EDNC
BY *[Signature]* DEP. CLK

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CNS

North Carolina Dept. of State Treasurer
3200 Atlantic Avenue
Raleigh, NC 27604



9590 9402 1790 6074 4460 11

51NCV11460

2. Article Number (Transfer from service label)

7016 0910 0000 4529 3940

PS Form 3811, July 2015 PSN 7530-02-000-9053

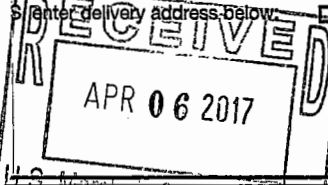
COMPLETE THIS SECTION ON DELIVERY

A. Signature

Wade Thomas
B. Received by (Printed Name) WADE THOMAS
Date of Delivery MAR 30 2017

- ☐ Agent
☐ Addressee

Is delivery address different from item 1? ☐ Yes
If so, enter delivery address below ☐ No



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (\$500) | |

Domestic Return Receipt